



Kansas Prescription Monitoring Program

Kansas Board of Pharmacy
800 SW Jackson, Room 1414
Topeka, KS 66612
Telephone: (785) 296-4056

Individual's Controlled Substance Prescription History Report Request Form Information and Instructions

The following regulation outlines how an individual can obtain a copy of their own prescription monitoring program information:

8-21-5. Access to information. All requests for, uses of, and disclosures of prescription monitoring information by authorized persons shall meet the requirements of K.S.A. 65-1685, and amendments thereto, and this article.

(a) By patients or patient's personal representative.

- (1) Any patient or that patient's personal representative may obtain a report listing all program information that pertains to the patient, in accordance with this regulation and K.S.A. 65-1685 and amendments thereto.
- (2) Each patient or the patient's personal representative seeking access to the information described in paragraph (a)(1) shall submit a written request for information in person to the board. The written request shall be in a format established by the board and shall include the following elements:
 - (A) The patient's name and, if applicable, the full name of the patient's personal representative;
 - (B) the patient's residential address and, if applicable, the complete residential address of the patient's personal representative;
 - (C) the patient's telephone number, if any, and, if applicable, the telephone number of the personal representative; and
 - (D) the time period for which information is being requested.
- (3) **The patient or the patient's personal representative shall produce two forms of valid photographic identification before obtaining access to the patient's information obtained by the program. The patient or the patient's personal representative shall allow photocopying of the identification.**
- (4) Before access to the patient's information obtained by the program is given, one of the following shall be produced if the requester is not the patient:
 - (A) For a personal representative, an official attested copy of the judicial order granting authority to gain access to the health care records of the patient;
 - (B) for a parent of a minor child, a certified copy of the birth certificate of the minor child or other official documents establishing legal guardianship; or
 - (C) for a person holding power of attorney, the original document establishing the power of attorney.
- (5) The patient's personal representative shall allow the photocopying of the documents described in this subsection.
- (6) The patient authorization may be verified by the board by any reasonable means before providing the information to the personal representative.



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Patient Request for Discretionary Disclosure of Information from the Prescription Monitoring Program

A patient, or a patient's authorized representative, may obtain a report listing all prescription monitoring program information that pertains to the patient directly from the Kansas Board of Pharmacy. **However, the most common and accurate way for patients to find out what prescriptions have been attributed to them in the database is by talking to their health care providers.**

Present the following items in person to the address above:

Notarized Request Form

Two Forms of Valid Photo Identification

Proof of Legal Authorization (For patient representatives only)

***PLEASE NOTE: You must make an appointment with the K-TRACS office to pick up your report.**

Patient Information

Full Name_____

Previous Address_____

Date of Birth_____

(If less than 1 year at current address)

Street Address_____

Phone_____

City_____State_____Zip_____

Date Range of Report_____

(Data goes back to 7/1/10)

Patient Signature

Authorized Representative Information (Please attach proof of patient authorization.)

Full Name_____

City_____State_____Zip_____

Street Address_____

Phone_____

Authorized Representative Signature

NOTARY PUBLIC USE ONLY

Subscribed and sworn to before me in the County of _____, State of _____,
this _____ day of _____, 20_____.

NOTARY PUBLIC_____

My Commission expires_____

OFFICE USE ONLY

Received by_____

Received on_____

Identification Used_____